

Complaint Number _____

Council	
Administrator	
Fire Dept	
Code Enforcer	
Clerk	
Public Works	
Police	
Reporting Party	

**CITY OF ANGELS
INVESTIGATION REQUEST**

Your name: _____

Your physical address: _____

Your mailing address: _____

Your phone number (daytime) _____

Location of nuisance: _____

Briefly describe the nuisance (please be specific): _____

Person(s) responsible (if known): _____

Responsible person(s) address (if known): _____

Responsible person(s) phone (if known): _____

Signature **Date**

ACTION TAKEN

Date: _____

Given to: _____

Request response by: _____

Recommended action: _____

Action taken: _____

Closed: _____